1.08	REGISTRAR CEASED NAME	IST.	WIDDLE EXAMIL	NER'S CERTIFICATE	20. DATE KNOWN IX		YEAR Zb. HOU			
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Tán 1	WAS DECEASED EVER IN U.	S ARMED E	ORCES? 16b. SOCIAL SECURI	TY NO. 17 INFORMANT	rsie ADDRESS	Brom	ley			
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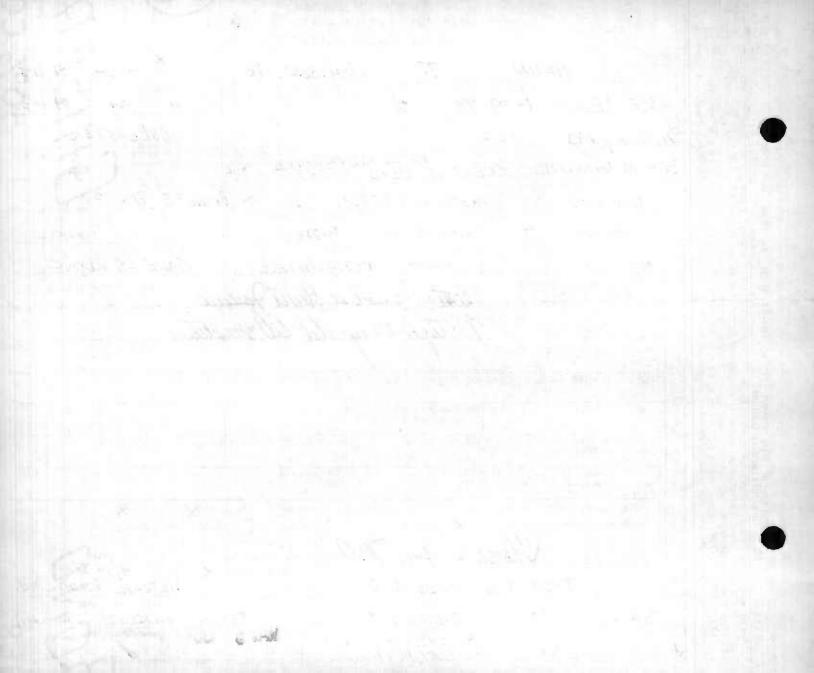
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN (Type ar Print) ALVIN DEATH MATED 3. SEX 4 RACE S. DATE OF BIRTH AGE (In years IF UNDER 24 HRS BLACK 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH MORRESTER U.S. A WIDOWED [DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize. USUAL OCCUPATION (Kind of work gone lawe street oddress)

NDUSTRY A LERGO FERNAND Bring most of working life, even if retired.) 10. CITY OR TOWN OF DEATH MARYLAND 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY WORCESTER 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle JOHNSON ROXIE PURNELL 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17. INFORMANT SAME AS ABOVE 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 emation. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? phould WAS PERFORMED? YES NO 🗍 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County Stote foctory, affice building, etc.) NOT WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X. Inquiry X, and in my apinian Natural causes X. death resulted from: Suicide . Ascident Homicide Undetermined monner be retained DIRECTOR: CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** FUNERAL NAME (Type) ADDRESS(Street, city, town, or county) 112 PEAPL 23d. LOCATION (City or Town) Health EVERGREEN CEMETERY WORCESTER MARYLAND 24. FUNERAL DIRECTOR 25b. Bromanga salangarets ROUTE # 2, JERSEY ROAD DHMH-17 1/71 10M (VR A15ME (5)) JOILEY MEMORIAL CHAPEL SALISBURY MARYLAND DATE ..



1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1595
1	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	CEFACED NAME SIGST	WONTH DAY YEAR 76. HO
3. S		19 8 19 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
70.	IRTHPLACE ISTATE OR TO CITIZEN OF WHAT COUNTRY? OF COUNTRY? WIDOWED DIVORCED VIOLENCE OF WIDOWED WID	
10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION LENOT IN SUCH FACILITY. GIVE STREET ADDRESS) YEW ACK 120. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) TO MOST OF WORKING LIFE X BAY LECON DIVI	WORK 17b. KIND OF BUSINESS OR INDUSTRY
USI 13a	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) VATE 13b, COUNTY 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13c, STREET ADDRESS 15C NO BAY ST. (No	Number)
14.	Fredrick C. Marton 15. MOTHER'S MAIDEN NAME FIRST FIRST Anna Mae W	loodland
	NAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 156368165 David Rex Kriedler	Newark Me
	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVA
	4.27 8 IMMEDIATE CAUSE (a) 140 CARDIAL FAILURE (DUE TO, OR AS A CONSEQUENCE OF	IMMEDIAT
	Conditions, if any, which gave rise to immediate (b) BRADY CARD IA	1 418
	cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) CARDING OPPUNTUALS	SEV. YRS.
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (a).	
CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
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	210. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19	1 OR PART 2]
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	27a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in	my apinian
	death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner ,	
-	ACTUAL SIGNATURE M.D. DEPUTY MEDICAL EXAMINER	DATE #-25-71
-	EXAMINER'S NAME DOROTHY C. HOLZWORTH ADDRESS 309 TIMPENS ST.	SHOW HILL MO
230	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION	
154	Plan / L/-1/-C/ To 1/ M +4 CHARDWN	COUNTY STATE
	Burial 4-21-81 Trinity Meth. Newark, 1	ar's SIGNATURE

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death. Page 4 may be

within 24 haurs after

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

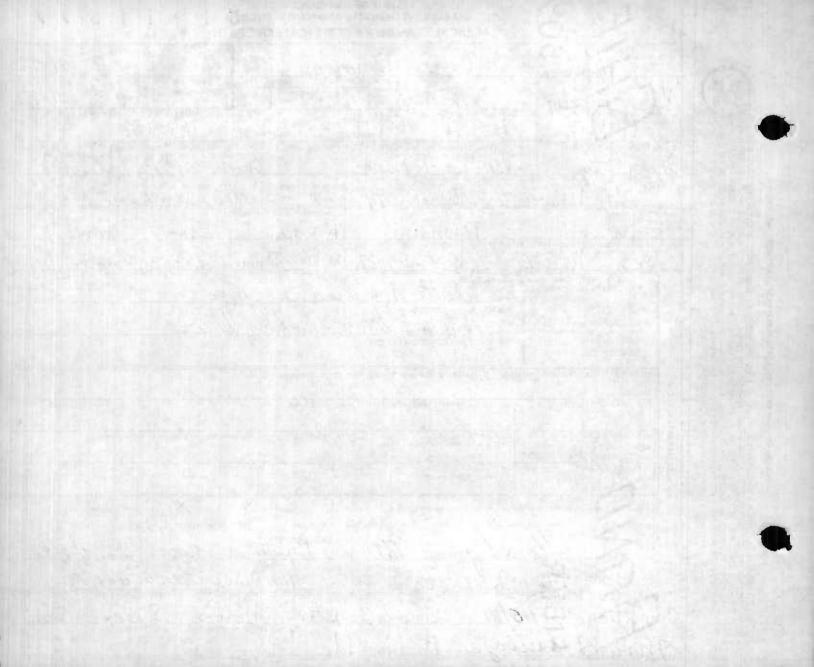
	REGISTRAR CERTIFICATE OF DEATH								0.				
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18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), gnd (c), PART 10 PEATH WAS CAUSED BY, PART 10 Immediate couse (a) storing the under (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (b) storing the under (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSE	160	WAS DECEASED EVER IN U.S. ARMET		O IT INFORMANT	ADDRESS		OV	161	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c) PART IDEATH WAS CAUSED BY, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o) stating the under lying couse lost. PART 2 OTHER SIGNIFICANT COMDITIONS CONTRIBUTIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21. EXTERNAL CAUSE WAS UNDERLYING OR OR AM MONTH DAY YEAR PART 20 THER SIGNIFICANT CONTRIBUTION OF INJURY HOUR AM MONTH DAY YEAR PART 21. INJURY OCCURRED 21. EXTERNAL CAUSE WAS UNDERLYING OR ONTRIBUTION CAUSE OF DEATH P.M. 21. INJURY OCCURRED 21. PLACE OF INJURY AT WORK 22. Learlify that I took charge of the remains described above, held an Autopsy IT WHILE INJURY OCCURRED 33. NAME OF CEMETERY OR CREMATORY 139. DATE 139. NAME 100 MARKET SNAME 100 MARKET SN	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR	ORDATES) 119-70-621	7 MD-1-Time	T. PLI A	Jini	INA		17 11
PART I DEATH WAS CAUSE DBY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) storing the under- lying couse lost: (c) PART 2 OTHER SIGNIFICANT CORDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o). 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS UNDERTYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH P.M. 19 ENJURY OCCURRED WHILE NOT WHILE	_		- 1210 20 131	1 I'm Dade I'min	ions of 10 type	דער אָנ	TAR	CALL	HYPL
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AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry		UNDERLYING OR CONTRIBUTING CAUSE OF DEA							
AT WORK 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry	EDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME. 2						
22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner , Homicide , Homicide , Undetermined manner , Homicide , Hom	X	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	ZIMEEL	CITY OR TOWN	CO	UNTY		STATE
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ACTUAL SIGNATURE M.D. MEDICAL EXAMINER DATE SIGNED 4/3/8/ IEXAMINER'S NAME (TYPE OR PRINT) JOERNAL ST. SURWHILL, N.C. STECHY OR TOWN COUNTY DEMANYA CREMATORY 1236. NAME OF CEMETERY OR CREMATORY COUNTY DEMANYA CREMATORY 1250. DATE 1250. NAME OF CEMETERY OR CREMATORY 1250. DATE			TVI -			io in my op	Pinion		
EXAMINER'S NAME [TYPE OR PRINT] ABBURIAL, CREMATION, REMOVAL 23b. DATE CISTECIFY) ABBURIAL, CREMATION, REMOVAL 23b. DATE CISTECIFY) COUNTY COUN		death resulted from: Notural	guses (C.) Accident [1, Suicid	e en	idetermined manner,			1	1
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(TYPE OR PRINT) 36 BURIAL, CREMATION, REMOVAL 236. DATE CISTECIFY) CHARACTER AT ION, REMOVAL 236. DATE CHARACTER AT ION COUNTY C	1	SHARATURE 7 1967	1100		NEDICAL EXAMINER	SIGNE	-4		-
36. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN LEWES SUSSEX DEL. 14. FUNERAL DIRECTOR 25. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME BOOM ADDRESS BOOM ADDRE	-	EXAMINER'S NAME	43 L. YONES MID.	ADDRESS 112 PE	FABL ST, SUG	WHO	Ly,	Med.	
Cremation 4/6/8/ Delmarva Crematory Lewes Sussex Del. A. FUNERAL DIRECTOR 25 DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS BOOK AND ADDRESS B	23a.l						INTV		YAYE .
M. FUNERAL DIRECTOR 255 DATE REC'D. BY REGISTRAR'S SIGNATURE	0	comation 4	16/81 Delmarval	The same and		155P	Y	D	el
Anna A Bulbase Berlin Md. appr 1981 Juny	24.1	UNERAL DIRECTOR	A DODRECK		. BY REGISTRAR 256 REG	ISTRAR'S	SIGNAT	URE	
	1	Inna A Bu	Maga Berlin	Md, ADDr	1981 Jus	my!	100	1	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME 20. DATE KNOWN Manth Year (Type ar Print) OF ESTI-HOMAS DEATH MATED SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 60 YI MONTHS 8/7/1920 White Male 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH count Maryland WORCESTER U.S. WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATHW HITT 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Route Farm 13d. INSIDE CITY LIMITS? 730. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13cPcM, OR TOWN 13e. STREET AND NUMBER YES NO X Route 2 now 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Middle Rt. 20DRESS BOX 184A 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknawn) 213-16-1023 William McClung, Snow Hill, Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line to la) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (a) e c Conditions, if ony, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) execute the should be CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? гетат WAS PERFORMED? YES [NO CT 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection . Inquiry . and in my opinion death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner DIRECTOR CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGN ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** FUNERAL NAME (Type) ADDRESS(Street, city, tawn, ar county) 23a. BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Reechwood Cemete REMOVAL (Specify) Princess Anne; Somerset: Md. Cremation 25b. REGISTRAR'S SIGNATURE DHMH-17 1/71 10M Princess Anne (VR A15ME (5))

STATE OF MARYLAND

